

EXHIBIT A

TECHNICAL SERVICE PROVIDER CERTIFICATION AGREEMENT

By signing this Certification Agreement, I (insert name of individual, Private Sector Entity, American Indian Tribe or Public Agency) agree to the terms set forth below, which are required for certification as a technical service provider. I understand that certification for specific categories of technical service by the USDA qualifies me to provide technical services to Title XII of the Food Security Act of 1985 program participants and the USDA. Certification does not constitute federal employment or any other legal relationship with the federal government nor does it entitle me to any special benefits or rights (Exemption is American Indian Tribe because USDA does have a trust responsibility as stated in XXX.XX of this policy). Further, I understand that I am not a certified technical service provider until the Natural Resources Conservation Service (NRCS): (1) determines that my certification application meets the requirements for certification set forth in 7 CFR Part 652, (2) signs this Certification Agreement, and (3) includes my name on the approved list of technical service providers.

I. Certification Terms.

A. USDA Standards and Specifications. I am familiar with and agree to meet all applicable USDA standards, specifications, and program requirements as set forth in USDA guides, handbooks, and manuals for the technical services I provide.

B. Compliance with Applicable Laws and Regulations. I agree to comply with all applicable Federal, State, Tribal and local laws and requirements for the technical services I provide, including but not limited to, 7 CFR part 652. I further agree that I must be familiar with any unique criteria required at the county level for particular conservation practices or technical services before providing technical services in a particular county. I acknowledge that I must be aware of these local criteria and agree to familiarize myself with any such criteria by contacting the appropriate NRCS State official before providing technical services.

C. Warranty of Work Quality. I agree to warrant in writing on each plan or other technical service document submitted to USDA or the program participant that the technical services rendered: (1) comply with all applicable Federal, State, Tribal, and local laws and requirements, (2) meet applicable USDA standards, specifications, and program requirements, (3) are consistent with and meet the particular conservation program goals and objectives for which the program agreement or contract was entered into by the program participant or USDA, respectively, and (4) incorporate, where appropriate, low-cost alternatives that address the resource issues

D. Liability. I assume all legal responsibility for the technical services I provide, and I understand that the USDA shall have no responsibility or liability for the technical services I provide.

E. Quality Assurance. I agree to submit to quality assurance reviews by the USDA or its agents of the technical services I provide, including providing any documentation requested by the USDA related to my provision of technical services.

F. Reporting and Documentation. I will develop and maintain documentation of the technical services I provide, including invoices, in accordance with USDA manuals, handbooks, and technical guidance and furnish this documentation to the local USDA Service Center office and the program participant when the particular technical service is completed. I will report technical service accomplishments into the NRCS electronic tracking system at the time the technical services are completed.

G. Licensing Requirements. I will maintain, for the period of this certification, any licensing or similar qualification standards established by Federal, State, or Tribal law that I identified in my Application for Certification and/or that are required for the type of technical services I provide.

H. Duration of Certification, Cessation of Services, and Renewal Requirements. I acknowledge that my certification as a technical service provider is for a term of three (3) years from the date NRCS first

EXHIBIT A

signs this Certification Agreement. I will cease providing services as a technical service provider immediately upon the expiration of the NRCS certification, the lapse of any applicable licensing or similar qualifications standards, or the effective date of being decertified. If I wish to renew my certification as a technical service provider, I will submit an application for certification renewal at least 60 days prior to the expiration of this certification.

J. Civil Rights. I agree that, in providing technical services, I will not discriminate on the basis of race, color, national origin, sex, age, or disability. I further agree that if I am providing technical services as a private-sector entity that I will meet all Federal requirements as an equal opportunity employer. This includes administering policies and practices that are designed to prevent discrimination against any qualified employee or applicant on the basis of race, color, religion, national origin, sex, or disability. This policy of nondiscrimination applies to all employment practices, including hiring, compensation, benefits, promotion, training, and termination.

K. Disclosure of On-Line Information. I agree that the personal information (excluding private information like Social Security Number) I enter into my application for certification will be available on-line for public access. I understand that program participants seeking the services of a Technical Service Provider will have access to this information as well as other members of the public that access the Technical Service Provider Web site, TechReg.

II. Additional Terms Applicable to Private Sector Entity or Public Agency.

In addition to the terms set forth above, (Insert name of private sector entity / public agency) agrees to the following terms:

A. Certified Individual. (Insert name of private sector entity / public agency) will have, at all times, an individual who is a certified technical service provider authorized to act on its behalf.

B. Changes to List of Certified Individuals. (Insert name of private sector entity / public agency) will promptly provide to NRCS an amended Certification Agreement for NRCS approval whenever there is a change in the identity of the certified individuals working under its auspices.

C. Work Performed by Entity or Agency. I agree that all work performed by non-certified individuals employed by (Insert name of private sector entity / public agency) will be assumed and verified by a certified individual authorized to act on behalf of the (Insert name of private sector entity / public agency).

D. Work Performed by a Subcontracted Entity or Agency. I agree that all subcontractors of (Insert name of private sector entity / public agency) will employ at least one certified individual who will assume responsibility for and verify any work completed by a non-certified individual employed by (Insert name of private sector entity / public agency).

E. Responsibility for Individuals Performing Work under Auspices. (Insert name of private sector entity / public agency) assumes all legal responsibility for the work performed by an individual working under its auspices.

This agreement is entered into under the authority of 16 U.S.C. 3842.

I am signing this agreement as _____ an individual, or on behalf of _____ a private-sector entity, or on behalf of _____ American Indian Tribe, or on behalf of _____ a public agency (please check one).

_____	_____	_____
Signature	Title	Date

EXHIBIT A

Name_____

Mailing Address_____

Telephone and Facsimile Number_____

E-Mail Address_____

_____ State Conservationist, NRCS _____

Signature

Title

Date

For specific State Technical Service Provider information, contact the appropriate NRCS State Technical Service Provider Contact listed on the TechReg Web site.

Based on the above signature, this agreement will expire on _____.

For Private Sector Entity, American Indian Tribe or Public Agency: List the certified individuals authorized to act on your behalf (use additional pages as necessary). Individuals must have a current NRCS certification in each State in which your organization plans to provide technical services:

Name of Certified Individual	Date of Certification	Categories and States where Certified
-------------------------------------	------------------------------	--

EXHIBIT E

SAMPLE INTERVIEW QUESTIONS

RELEVANT ACCREDITATIONS/LICENSES:

Q: How long have you been a certified or licensed X? Please email or mail a copy of your certification/license (when you cannot verify a license via the Internet).

EDUCATION/TRAINING:

Q: You list a degree in agronomy from X University. What soils, agronomy, and biology courses did you take while in college? Please submit a copy of your transcripts showing courses taken and grade achieved.

Q: You list Irrigation Systems Training to satisfy the criteria in the Irrigation Systems (application) category. Do you have an agenda for the course you listed? Does it list the individuals, agency, or business teaching the course?

RELEVANT WORK EXPERIENCE:

Q: In the last 5 years as a Certified Crop Advisor (CCA), approximately how many landowners did you provide technical services for in the following areas: Irrigation Water Management (IWM); Conservation Crop Rotation; Residue Management; Nutrient Management; and Pest Management? Would you mail a copy of the most recent IWM and Nutrient Management plan you developed?

Q: As a range consultant, what type of grazing systems did you design for your clients? What methodology did you use to determine rangeland health, livestock/forage balance or carrying capacity, and monitoring?

Q: As a PE, how many Animal Feeding Operations (AFOs)/Combined (AFOs) (AFOs/CAFOs) have you worked with in this State? What practices did you plan, design, and checkout? What tools did you use to determine your land treatment practices?

PROFESSIONAL REFERENCES:

Q: Do you have a letter of reference from the two professional references listed on your application? Please mail or send by e-mail or facsimile the letters to me.

FAMILIARITY WITH NRCS GUIDELINES, CRITERIA, STANDARDS, AND SPECIFICATIONS:

Q: What have you done and how long have you done it to gain 5 years of experience and knowledge in planning, design, layout, inspection (of which NRCS Practice standard(s))?

Q: Do you know where to locate the NRCS Statements of Work, standards and specifications for the categories and conservation practices you list on your application?

Q: As a CCA, you develop nutrient management plans. Can you provide me with a copy of the nutrient management plan you develop for X Farms, whom you list as a reference? What risk assessment tools have you used to determine nitrogen or phosphorus leaching potential?

EXHIBIT F

MEMORANDUM OF UNDERSTANDING
BETWEEN THE
(INSERT ORGANIZATION NAME)
AND THE
U.S. DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE

This Memorandum of Understanding (MOU) is entered into between the (INSERT NAME) and the U.S. Department of Agriculture (USDA) Natural Resources Conservation Service (NRCS).

I. BACKGROUND

NRCS is responsible for providing technical assistance to landowners and operators in protecting soil, water, and related resources under the provisions of Title XII of the Food Security Act of 1985, as amended, 16 U.S.C. 3801 et seq., and other applicable legislation. This legislation authorizes NRCS to cooperate with various Federal agencies, State and local governments, nongovernmental organizations, and individuals in order to carry out its responsibilities and further the conservation mission of NRCS on private lands in a voluntary, scientifically-based manner.

In addition to the technical assistance available from NRCS, USDA conservation program participants have the option of obtaining conservation technical assistance from individuals certified as Technical Service Providers by NRCS.

Section 2701 of the Farm Security and Rural Investment Act of 2002, Public Law 107-171, May 13, 2002, (2002 Farm Bill) amended Section 1242 of the Food Security Act of 1985 to require the Secretary to provide technical assistance under Title XII of the Act to a program participant "directly, or ... through a payment ... for an approved third party, if available."

Section 1242 also requires the Secretary to establish a system for approving individuals and entities to provide technical assistance to carry out programs under this title including criteria for the evaluation of providers or potential providers of technical assistance.

(INSERT PARAGRAPH DESCRIBING ORGANIZATION/TRIBE)

II. PURPOSE

The purpose of this MOU is to establish a general framework for cooperation between (INSERT NAME) and NRCS for the purpose of recommending individuals for possible NRCS certification. Through this MOU, (INSERT NAME) may submit recommendations to NRCS of individuals who meet the (INSERT NAME) certification program standards, and NRCS may consider such individuals for certification as technical service providers. It is the intent of both parties that this cooperative effort shall be for the mutual benefit of each party as well as program participants who wish to avail themselves of technical services provided by certified Technical Service Providers.

This MOU recognizes that a person who has met the standards set by (INSERT NAME) meets the NRCS performance proficiencies for providing conservation assistance in the technical service category of (INSERT SPECIFIC CATEGORY).

This MOU will mutually benefit NRCS and (INSERT NAME) by providing an opportunity for professionals recommended by (INSERT NAME) to become certified by NRCS as a Technical Service

EXHIBIT F

Provider. This will assist NRCS in carrying out its mission of providing quality conservation technical assistance to its customers.

NRCS will place those recommended individuals whom it certifies as Technical Service Providers on the approved list to provide technical assistance to USDA conservation program participants, thereby expanding their scope of services to existing and future clientele.

III. RESPONSIBILITIES

A. Recommending Organization (INSERT NAME) will:

1. Provide a written assurance to NRCS that the individuals that it recommends for certification as a Technical Service Provider meet the minimum NRCS performance proficiencies for providing conservation assistance in the technical service category of (INSERT SPECIFIC CATEGORY);
2. Establish and maintain a registry of individuals who meet the (INSERT NAME) qualifications to provide conservation technical assistance in the technical service category identified in A.1. The registry will include a list of services each individual is qualified to provide. The registry will contain the following information:
 - a) Name of individual
 - b) Company (if applicable)
 - c) Address
 - d) Phone and fax numbers, and e-mail address if applicable
 - e) Skill area(s)
 - f) Service area(s)
3. Update all information on its registry annually, or more frequently if necessary, and provide this information to NRCS in a timely manner;
4. Remove individuals from the registry who do not maintain required levels of training within the 3-year timeframe or who are found to be providing substandard assistance from its registry and immediately notify these individuals and NRCS;
5. Notify recommended members in a timely manner when technical and programmatic materials are available from NRCS to ensure that the highest quality of conservation technical assistance is available;
6. Upon request and with agreement from all parties involved, provide NRCS with a list of courses individual used to fulfill continuing education requirements;
7. Inform members that all providers to be certified by NRCS must complete a Certification Agreement as a condition of their certification by NRCS as a Technical Service Provider;
8. Inform members certified as Technical Service Providers by NRCS that they are subject to the same annual quality reviews as NRCS employees; and
9. Inform members that, if certified as Technical Service Providers by NRCS that they cannot legally certify completed cost shared practices for payment. Only NRCS employees have the legal authority to do so.

B. NRCS will:

EXHIBIT F

1. Advise (INSERT NAME) of the knowledge, skills, and proficiencies an individual will need to possess to qualify for Technical Service Provider designation for each of the technical service categories identified in this MOU;
2. Ensure that the (INSERT NAME) standards for recommending individuals meet NRCS performance proficiency criteria for the technical service categories covered by this MOU;
3. Provide (INSERT NAME) with access to current program information and appropriate technical reference documents for use by Technical Service Providers. Such documents will include manuals and standards and specifications for appropriate conservation practices;
4. Provide the approved list of Technical Service Providers to USDA offices;
5. Assist in suggesting training opportunities for (INSERT NAME) members, provide training materials when available, and serve as a resource when practicable; and
6. Notify (INSERT NAME) and remove Technical Service Providers from the approved list through the decertification process if it is determined that the Technical Service Provider has failed to meet the terms and conditions of the Certification Agreement.

C. Both Parties will:

Meet as requested by either party to review progress and discuss methods of improving this process.

IV. GENERAL PROVISIONS

A. This MOU takes effect upon the signature of NRCS and (INSERT NAME) and shall remain in effect for (INSERT) years from the date of execution unless amended or terminated as set forth herein. This MOU may be extended or amended upon written request of either NRCS or (INSERT NAME) and the subsequent written concurrences of the other. Either NRCS or (INSERT NAME) may terminate this MOU with a 30-day written notice to the other.

B. This MOU is not intended to, and does not create, any right, benefit, or trust responsibility, substantive or procedural, enforceable at law or equity, by a party against the United States, its agencies, its officers, or any person.

C. Termination of this agreement will not affect individuals certified as Technical Service Providers by NRCS. Certified individuals will continue to be listed on the approved list of Technical Service Providers in accordance with the terms and conditions of their certification.

D. NRCS and (INSERT NAME) and their respective officers will handle their own activities and utilize their own resources, including expenditures of their own funds in pursuing the purposes of this MOU. Each party will carry out its separate activities in a coordinated and mutually beneficial manner.

E. None of the information in this MOU shall obligate either USDA or (INSERT NAME) to obligate or transfer any funds. Specific work projects or activities that involve the transfer of funds, services, or property among the various agencies and offices of USDA and (INSERT NAME) will require execution of separate agreements and be contingent upon the availability of funds. Such activities must be independently authorized by appropriate statutory authority. This MOU does not provide such authority. Negotiation, execution, and administration of each such agreement must comply with all applicable statutes and regulations.

F. Employees of NRCS shall participate in efforts under this MOU solely as representatives of the United States. To this end, they shall not participate as directors, officers, employees, or otherwise serve or hold themselves out as representatives of, (INSERT NAME). They also shall not assist (INSERT NAME)

EXHIBIT F

with efforts to lobby Congress, or to raise money through fund-raising efforts. Further, NRCS employees shall report to their immediate supervisor any negotiations with (INSERT NAME) concerning future employment and shall refrain from participation in efforts regarding such parties until approved by the agency.

V. TECHNICAL AND ADMINISTRATIVE CONTACTS

A. (NAME OF ORGANIZATION)

NAME

TITLE

ADDRESS

PHONE/FAX:

E-MAIL ADDRESS

B. NRCS

Lawrence E. Clark

Deputy Chief for Science and Technology

Post Office Box 2890, Room 5006 South Building Washington, DC 20013-2890 Phone: (202) (202) 720-4630

Fax: (202) 720-7710

e-mail: lawrence.clark@usda.gov <mailto:lawrence.clark@usda.gov>

VI. AUTHORITY

NRCS enters into this agreement under the authority of section 1242 of the Food Security Act of 1985, 16 U.S.C. 3842.

VII. APPROVAL

The undersigned parties hereby agree to the terms and conditions specified above.

BRUCE I. KNIGHT Chief
Natural Resources Conservation Service

DATE

NAME
President
Name of Organization

DATE

NAME
Chair, Certification Board
Any Organization

DATE

MOU Recommendation Organizations

The following lists organizations with whom NRCS has entered into a Memorandum of Understanding (MOU) to help facilitate the TSP certification process. Under each organization's title is a list of information that an applicant must supply to the organization to get certified by them. If the TSP applicant appears on the organization's certified list, then the organization has already verified this information. NRCS should not have to check this information during the verification process.

American Society of Agronomy (Certified Professional Agronomist (CPAg))

- Education—at least a BS in agricultural related degree
- If a BS, at least 5 years of field experience
- If a MS, at least 3 years of field experience
- If a PhD, at least 1 year of field experience
- Documents education and experience with transcripts and supporting references
- Pass one comprehensive examination
- To maintain certification, 40 hours of Continuing Education Units (CEUs) every two years

American Society of Agronomy (Certified Professional Soil Scientist (CPSSc/CPSC))

- Education—at least a BS, including transcripts
- If a BS, at least 5 years of field experience
- If a MS or PhD, at least 3 years of field experience
- Documents education and experience with transcripts and supporting references
- Pass two comprehensive examination s
- To maintain certification, 40 hours of CEUs every two years

American Society of Agronomy (Certified Crop Advisor (CCA))

- If a BS in agriculture, at least 2 years of field experience
- If no degree, at least 4 years of field experience
- Documents education and experience with transcripts and supporting references
- Pass two comprehensive examination s
- To maintain certification, 40 hours of CEUs every two years

Society for Range Management (Certified Range Management Consultant (CRMC))

- Education—at least a BS in range management
- If a BS, at least 10 years of experience in range management
- If a MS, at least 8 years of experience in range management
- If a PhD, at least 6 years of experience in range management
- Applicant must supply certified transcripts, record of employment, list of publications and consulting reports, and four recommendations

Society for Range Management (Certified Professional in Rangeland Management (CPRM))

- Education—at least a BS in range management or closely related field
- Complete, with at least a “C” average, a list of rangeland courses
- If a BS, at least 5 years of experience in rangeland management
- If a MS or PhD, at least 3 years of experience in rangeland management
- Supply three references one of which must be a CPRM
- Supply a list of users/professional the applicant has worked for/with to show experience
- Pass one examination
- To maintain certification, 32 hours CEUs every two years

Iowa State University’s (ISU) certified CNMP course (Manure and Wastewater Handling and Storage Certification)

- Complete ISU CNMP course and pass the manure and Wastewater handling and storage examination
- Complete NRCS Conservation planning modules 1-5 (Supply a copy of score or certificate.)
- Complete NRCS Field Office Technical Guide modules (Supply copy of score or certificate)
- Review the elements of a CNMP as contained in NRCS technical guidance
- Complete NRCS Agricultural Waste Management System Level 2 course (Supply a copy of the certificate.)
- To maintain certification, 6 hours of CEUs every three years

Iowa State University’s (ISU) certified CNMP course (Nutrient Management Certification)

- Complete ISU CNMP course and pass the Nutrient Management examination
- Complete NRCS Conservation planning modules 1-5 (Supply a copy of score or certificate.)
- Complete NRCS Field Office Technical Guide modules (Supply a copy of score or certificate.)
- Review the elements of a CNMP as contained in NRCS technical guidance
- Complete the NRCS Introduction to Water Quality Course (Supply a copy of certificate.)
- Complete the Nutrient Management portion of the NRCS Nutrient Management and Pest Management Considerations in Conservation Planning (Supply a copy of certificate.)

Iowa State University’s (ISU) certified CNMP course (Land Treatment Practices Certification)

- Complete ISU CNMP course and pass the Land Treatment Practices examination
- Complete NRCS Conservation planning modules 1-5 (Supply a copy of score or certificate.)
- Complete NRCS Field Office Technical Guide modules (Supply a copy of score or certificate.)
- Review the elements of a CNMP as contained in NRCS technical guidance
- Have competence in applying Revised Universal Soil Loss Equation (RUSLE)

The Wildlife Society (Certified Wildlife Biologist)

- Education—BS, BA or higher degree in biology, wildlife or related field of study
- If a Bachelor's degree, 5 years experience within the last 10 years
- If a Master's degree, 4 years of experience
- If a PhD, 3 years experience
- If both a Master's and a PhD, then 2 years experience
- Document education and experience with official transcripts, work history and supporting references

The Irrigation Association (Certified Irrigation Designer (CID))

- At least 1 year of education in an irrigation related field or 1 year of irrigation related experience
- Complete the Irrigation Industry examination
- Complete the General Agriculture examination – after having 3 years of experience and completion of Irrigation Industry examination
- Complete Specialty examination(s) in Drip/Micro, Sprinkler and/or Surface

The Irrigation Association (Certified Agricultural Irrigation Specialist (CAIS))

- Complete an Agricultural Irrigation Specialists training course and pass examination
- To maintain certification, 10 hours CEUs every year

National Alliance of Independent Crop Consultants (Certified Professional Crop Consultants (CPCC))

- Education—BA or BS in agricultural discipline (at least 10 years as a crop consultant
- With a non-agricultural degree, may petition
- If a Bachelor's degree, 6 years experience providing crop management recommendations
- If a Master's degree, 5 years experience providing crop management recommendations
- If a PhD degree, 4 years experience providing crop management recommendations
- Pass either a State-specific licensing examination, State or regional CCA examination, or if these are not available, pass the national CCA examination
- Submit a case study
- Submit names of five clients
- To maintain certification, 36 hours of CEUs per year

Society of American Foresters (SAF) Certified Forester

- Education—Bachelors or Masters from a SAF-accredited school or Bachelors or Masters from a non-SAF accredited school which is substantially equivalent
- If a Bachelor's degree at least 5 years of qualifying professional forestry related experience
- If a Master's degree at least 4 years of qualifying professional forestry related experience
- If a PhD degree, at least 3 years of qualifying professional forestry related experience
- If both a Masters and a PhD, at least 2 years of qualifying professional forestry related experience
- Pass a certification examination
- To maintain certification, 30 hours of CEUs every three years

Association of Consulting Foresters of America (ACF)

- Education—at least a BS degree in Forestry from an approved college
- Minimum of 2 years experience in practical forestry administration, management or other special forestry classifications
- Must be owner or partner of a forestry consulting firm, or salaried employee in one owned by an ACF member

American Registry of Professional Animal Scientists (ARPAS)

- Education—at least a BS in one of the Animal Sciences
- If an BS, 4 years of relevant professional experience
- If an MS, 2 years of relevant professional experience
- If a PhD, 1 year of relevant professional experience
- Pass a written examination
- Supply 2 references of completed Feed Management practice
- To maintain certification, 15 hours of CEUs per year

American Fisheries Society (Fisheries Professional Certified (FP-C))

- Education—at least a Bachelors degree in Biology with fishery aquatic sciences courses
- If a Bachelor's degree, 5 years of full-time experience
- If a Master's degree, 4 years of full-time experience
- If a PhD degree, 2 years of full-time experience
- Document education and experience with official transcripts, work history and supporting references
- To maintain certification a complicated point system for professional development

EXHIBIT G

Verification Check Sheets

This sheet is used to verify the License/Certification requirements. References to States include the Caribbean Area.

TSP ID	TSP Name
Date	Reviewer:

List States in which the TSP is requesting certification:

Relevant Accreditation/Licenses:

License or certification used to meet TechReg criteria

Technical Service Category	Documented in TechReg	Certification Description	Official Expiration Date	NRCS Verified
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>

Is a State or local certification (not listed as TechReg criteria) required for any categories and States that this TSP has documented his/her certification?

Yes ☐ No ☐

If yes, complete following table with appropriate State or local certification. **If TSP is requesting certification in additional States, forward to State(s) for verification of required State licenses, permits, etc.**

Technical Service Category	Documented in TechReg	State	Certification Description	Official Expiration Date	NRCS Verified
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>

If no, comments:

EXHIBIT G

Verification Check Sheets

This sheet is used to document verification of the Education and Training requirements necessary for certification

TSP ID	TSP Name
Date	Reviewer:

Education as required by TechReg criteria: Education can be verified by a copy of a diploma, transcript, certificate of training etc.

Technical Service Category	Documented in TechReg	Education Description	NRCS Verified
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>

Training as required by TechReg criteria: Training can be verified by a copy of a certificate of training, contacting training organization or agency, etc.

Technical Service Category	Documented in TechReg	Training Description	NRCS Verified
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>

Comments:

EXHIBIT G

Verification Check Sheets

This sheet is used to document verification of the Experience and Reference requirements.

TSP ID	TSP Name
Date	Reviewer:

Experience as required by TechReg criteria: Experience can be verified by contacting references, local field office knowledge, interview or documentation of prior work such as an ag waste design, etc.

Technical Service Category	Documented in TechReg	Experience Description	NRCS Verified
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>

References as required by TechReg criteria:

a. Were the references able to verify the TSP's experience? Yes ☐ No ☐ NA ☐

b. Were the references able to verify the TSP's qualifications? Yes ☐ No ☐ NA ☐

Is the applicant currently de-certified in any State? Yes ☐ No ☐ NA ☐

Has the applicant signed a certification agreement? Yes ☐ No ☐ NA ☐

Comments:

EXHIBIT H

Michigan Quality Assurance Procedure (for TSP Certifications)

- Review 100% of certifications by Michigan residents through TechReg
- Criteria review:
 - A. Ensure listed qualifications are consistent with criteria (e.g., degree subject)
 - (1) Check location (should be Michigan)
 - (2) Print out TSP profile details from TechReg (need to login) NOT resume – need to keep printout
 - (3) Use “Quality Assurance Review of TSP Certification” form to check all selected options to ensure that required licenses, education, training, and references are listed in B-F (do not review experience and familiarity with NRCS guidelines, etc. at this time)
 - (4) Note missing or inadequate qualifications under “comments”
 - Need better definition on “provide locations or customer references”
 - B. Confirm that the qualification is valid
 - (1) Certification –
 - (i) Check for current certifications via the Web
 - (ii) Contact certifying organization via telephone or e-mail?
 - (iii) Request proof of current certification from TSP
 - (2) Training –
 - (i) Check with National Employee Development Center? (Was the course self-paced, automated test?)
 - (ii) Check list from training organization – Comprehensive Nutrient Management Planning course, Module 7
 - (iii) Request proof from TSP
 - (3) Education – request proof from TSP
 - (4) License –
 - (i) Check for current license via Web
 - (ii) Contact licensing organization via telephone or e-mail?
 - (iii) Request proof of current license from TSP
 - (5) Knowledge (Check during certification Q/A?)
 - (6) Experience (Check during certification Q/A?)
 - (7) References (Check during certification Q/A?)
- Contact TSP if any problems –
 - (1) TSP’s qualifications do not match criteria (Send a letter giving 15 days to remove name from category, correct qualifications, or risk being decertified.)
 - (2) TSP’s qualifications match criteria, but have not been able to verify (Send a letter giving 15 days to submit verification of qualifications or risk being decertified.)

Michigan Quality Assurance Review Check Sheet

Name: _____

Location (in Michigan): _____

Description	Listed by TSP	Required by Criteria	Comments
Relevant Accreditations/Licenses:			
Conservation Planning State Certification	<input type="checkbox"/>	<input type="checkbox"/>	
NAICC Crop Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Univ TN CNMP Plan Development Land Treatment Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Univ TN CNMP Plan Development MWHS Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Univ TN CNMP Plan Development Nutrient Management Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Univ TN CNMP Land Treatment Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Univ TN CNMP MWHS Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Univ TN CNMP Nutrient Mgt Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Engineers License – State	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrient Mgt. – State Certification	<input type="checkbox"/>	<input type="checkbox"/>	
EMS CNMP LCC Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Univ TN Total Plan Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Cultural Resources and/or Archaeological Permit	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Animal Scientist Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Forestry Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Range Mgt Consultant (SRM)	<input type="checkbox"/>	<input type="checkbox"/>	
Agronomic Certification	<input type="checkbox"/>	<input type="checkbox"/>	
ASA CCA	<input type="checkbox"/>	<input type="checkbox"/>	
ASA CPSSc	<input type="checkbox"/>	<input type="checkbox"/>	
ASA CPCSc	<input type="checkbox"/>	<input type="checkbox"/>	
ASA CPAg	<input type="checkbox"/>	<input type="checkbox"/>	
Pest Mgt license - State	<input type="checkbox"/>	<input type="checkbox"/>	
Wildlife Biologist Certification – The Wildlife Society	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Wetland Scientist – Society of Wetland Scientists	<input type="checkbox"/>	<input type="checkbox"/>	
Biology or other ecological sciences	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Fisheries Biologist AFS	<input type="checkbox"/>	<input type="checkbox"/>	
Wildlife Management, fisheries science or related sciences	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Description	Listed by TSP	Required by Criteria	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Education and Training:			
Cons Planning Modules 1–5	<input type="checkbox"/>	<input type="checkbox"/>	
Cons Planning Modules 1–9	<input type="checkbox"/>	<input type="checkbox"/>	
NRCS Approved training CNMP	<input type="checkbox"/>	<input type="checkbox"/>	
NRCS Cultural Resources 1–8	<input type="checkbox"/>	<input type="checkbox"/>	
Forestry or related plant science degree	<input type="checkbox"/>	<input type="checkbox"/>	
Agronomy, agriculture or related plant science degree	<input type="checkbox"/>	<input type="checkbox"/>	
Agronomy, soil science, crop science horticulture or related fields in nutrient management	<input type="checkbox"/>	<input type="checkbox"/>	
History (BA), Archaeology (MA), Anthropology (MA), Architectural History (MA), Art History (MA), Historic Preservation (MA), Architecture, or closely related field	<input type="checkbox"/>	<input type="checkbox"/>	
Animal Waste Level 1	<input type="checkbox"/>	<input type="checkbox"/>	
Animal Waste Level 2	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrient & Pest Mgt Course NRCS 1–7 Nutrient Track	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrient & Pest Mgt Course NRCS 1–7 Pest Mgt Track	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Relevant Work Experience:			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
References:			
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
Familiarity with NRCS Guidelines, Criteria, Standards, and Specifications:			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	